

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-048671

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No. 5726

Registrar's No. 180

STATE FILE NUMBER

FILED DEC 24 1963

| | | | |
|---|---|---|--------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Macon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Middle Fork Twship</u> | | c. CITY OR TOWN <u>Excello</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Excello</u> | | d. STREET ADDRESS (If outside, give location) <u>R.R.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Gustaf</u> Last <u>Carlson</u> | | 4. DATE OF DEATH Month <u>Dec.</u> Day <u>10.</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2/10/1884</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | |
| 13a. FATHER'S NAME <u>Frank Carlson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Malinda Peterson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u> | | 17. INFORMANT <u>Mrs Flora Carlson</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolus</u> DUE TO (b) <u>Arteriosclerotic Cardio-Renal disease</u> DUE TO (c) <u>Complications from Pneumonia & Pyelonephritis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>1:00</u> a.m. <u>P.</u> Month, Day, Year <u>Dec 10</u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>Excello, Mo.</u> | |
| 21. I attended the deceased from <u>1:00 P.</u> to <u>Dec 10</u> and last saw her alive on <u>Dec 10</u> Death occurred at <u>1:00 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>James E. Campbell MD</u> | | 22b. ADDRESS <u>Macon, Mo.</u> | |
| 22c. DATE SIGNED <u>12/13/63</u> | | 22d. LOCATION (City, town, or county) <u>RR Excello, Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Dec. 13, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cem.</u> | |
| 24. FUNERAL DIRECTOR <u>Lester Sutton</u> | | 25. DATE RECD. BY LOCAL REG. <u>12/13/63</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Ruth M. Neely</u> | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.